



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavistaca.gov/rec

(619) 691-5083



SPECIALIZED

FALL CAMPS



CAMP HAWAII

#9548.463 AGES 6 - 13 YEARS
MONDAY-FRIDAY 9:00 - 11:30 AM
SEPTEMBER 28 - OCTOBER 2
FEE: \$68 RESIDENT / \$94 NON-RESIDENT
PARKWAY COMMUNITY CTR, 373 PARK WY



HIP HOP DANCE CAMP

#9548.465 AGES 6 - 13 YEARS
MONDAY-FRIDAY 9:00 AM - 12:00 PM
OCTOBER 5 - OCTOBER 9
FEE: \$63 RESIDENT / \$78 NON-RESIDENT
PARKWAY COMMUNITY CTR, 373 PARK WY



JUDO CAMP SESSION I

#4360.468 AGES 8 - 14 YEARS
MONDAY-THURSDAY 9:00 - 11:00 AM
SEPTEMBER 28 - OCTOBER 1
FEE: \$28 RESIDENT / \$34 NON-RESIDENT
PARKWAY COMMUNITY CTR, 373 PARK WY



JUDO CAMP SESSION II

#4360.469 AGES 8 - 14 YEARS
MONDAY-THURSDAY 9:00 - 11:00 AM
OCTOBER 5 - OCTOBER 9
FEE: \$28 RESIDENT / \$34 NON-RESIDENT
PARKWAY COMMUNITY CTR, 373 PARK WY

TENNIS CAMP SESSION I

#5561.481 AGES 7 - 15 YEARS
MONDAY-FRIDAY 9:00 AM - 12:00 PM
SEPTEMBER 28 - OCTOBER 2
FEE: \$115 RESIDENT / \$144 NON-RESIDENT
MARISOL PARK, 916 RANCHO DEL REY PKWY



TENNIS CAMP SESSION II

#5561.482 AGES 7 - 15 YEARS
MONDAY-FRIDAY 9:00 AM - 12:00 PM
OCTOBER 5 - OCTOBER 9
FEE: \$115 RESIDENT / \$144 NON-RESIDENT
MARISOL PARK, 916 RANCHO DEL REY PKWY

BASKETBALL CAMP

#9385.461 AGES 8 - 14 YEARS
MONDAY-FRIDAY 9:00 AM - 12:00 PM
OCTOBER 5 - OCTOBER 9
FEE: \$50 RESIDENT / \$63 NON-RESIDENT
PARKWAY GYMNASIUM, 385 PARK WY



ARCHERY CAMP

#5548.460 AGES 8 - 17 YEARS
MONDAY-FRIDAY 9:00 - 11:00 AM
OCTOBER 5 - OCTOBER 9
FEE: \$65 RESIDENT / \$80 NON-RESIDENT
PASEO DEL REY PARK, 750 PASEO DEL REY

REGISTRATION: ACCEPTED AT ANY CHULA VISTA
RECREATION CENTER OR ONLINE



Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

REGISTRATION

NOTE: Fees for classes DO NOT include additional costs that may be required (i.e. ballet slippers, leotards, martial arts uniforms, tap shoes, etc.)



RECREATION
DEPARTMENT

FILL OUT COMPLETELY - PLEASE PRINT

ADULT LAST NAME	FIRST	MI
Address	City	Zip
Home Phone	Business Phone	
Email		

*Does the participant need special accommodations for a successful experience?



PARTICIPANT INFORMATION - PLEASE PRINT

Class #	Swim Sess.	Class Title	Participant's Last Name	First Name	MI	Sex	Date of Birth	Fee	Y*N*

Please choose classes carefully, the NO REFUND Policy will be followed. Returned Checks:
There will be a minimum service charge of \$25 on all checks returned from the bank.

TOTAL FEES DUE

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READ, SIGN AND DATE WAIVER BELOW. Unsigned waivers will cause your registration to be returned unprocessed.

ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I _____ (REGISTRANT), and I _____ *(REGISTRANT'S parent or guardian),

acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature _____ Date _____

Make checks payable to "CITY OF CHULA VISTA" *Individuals who do not reside within the city limits of Chula Vista must pay the nonresident fee listed for each class. Failure to send correct amount could result in delay or denial of your priority class. Send your registration to the Recreation Department for all recreational classes. Be sure to indicate session number for all swimming classes.

RECREATIONAL CLASSES:

City of Chula Vista Recreation Department, 276 Fourth Avenue, Chula Vista, CA 91910
Attn: Frank Carson (Mail Stop R-105)

FOR OFFICE USE ONLY: Amount Enclosed: \$ _____ CK/MO# _____ Bank # _____ City Receipt # _____